

SCHEDULE 1 (Form 5):**Good Faith Estimate**

(Refer to Form 5 Instructions to Complete SCHEDULE 1)

Column A	Column B	Column C
Monthly Estimates	Annual Estimates For First Year	Description of Estimated Disbursement If additional space is required, attach supporting detail.

ESTIMATED ONE-TIME, FIRST YEAR Disbursements (Money Spent):

1	Estimated Fiduciary Fees and Costs UNTIL Filing of Inventory		
2	Estimated Fiduciary's Attorney Fees & Costs UNTIL Filing of Inventory		
3	Estimated Protected Person's Attorney Fees & Costs UNTIL Filing of Inventory		
4	Estimated Other One-Time Disbursements (provide description)		
5	Total Estimated One-Time Disbursements (Add lines 1 through 4)		

ESTIMATED MONTHLY, FIRST YEAR Disbursements (Money Spent):

Spent for Protected Person:

Column A multiplied by
12 months

6	Estimated Food, Clothing, and Shelter		
7	Estimated Medical Costs (OPTIONAL)		
8	Estimated Dignity Funds		
9	Estimated Debt Service on Liabilities		
10	Estimated Discretionary Expenditures		
11	Estimated Other for Protected Person (attach detail)		
12	Total Estimated for Protected Person (add lines 6 through 11)		

Spent for Administration Fees & Costs, Excluding
One-Time, First Year Disbursements (lines 1 through 4):

13	Estimated Fiduciary Fees & Costs		
14	Estimated Fiduciary's Attorney Fees & Costs		
15	Estimated Protected Person's Attorney Fees & Costs		
16	Estimated Other Administrative Fees & Costs (provide description)		
17	Total Estimated Administration (add lines 13 through 16)		

18 Total Estimated Monthly Disbursements (add lines 12 & 17)

19 Total Estimated Annual Disbursements (add lines 5, 12 & 17)

20 Due Diligence Statement: